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## BIB DATA SHEET

CONFIRMATION NO. 7819

<b>SERIAL NUMBER</b> 10/591,224	<b>FILING or 371(c) DATE</b> 06/04/2007 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> RUSSELL4	
<b>APPLICANTS</b> James Russell, Vancouver, BC, CANADA; Keith R. Walley, North Vancouver, BC, CANADA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/CA2005/000357 03/04/2005 which claims benefit of 60/549,560 03/04/2004 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 03/31/2009					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KATHERINE D Acknowledged SALMON/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> BC	<b>SHEETS DRAWINGS</b> 13	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> BROWDY AND NEIMARK, P.L.L.C. 624 NINTH STREET, NW SUITE 300 WASHINGTON, DC 20001-5303 UNITED STATES					
<b>TITLE</b> Toll-like receptor 2 (tlr-2) haplotypes predict outcome of patients					
<b>FILING FEE RECEIVED</b> 1115	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		